

**Kentucky Department of Education
Division of Exceptional Children Services (DECS)
8th Floor Capital Plaza Tower
500 Mero Street
Frankfort, Kentucky 40601
502-564-4970**

**SPECIAL EDUCATION
FORMAL WRITTEN COMPLAINT FORM**

Please type or write legibly.

1. Name of person filing complaint: _____

Address: _____

Telephone numbers: Home () _____

Office () _____

Cell phone number: () _____ Fax: () _____

Relationship to student: ☐ Parent ☐ Citizen ☐ Attorney ☐ Advocate ☐ Other

2. Full name of student: _____

Student's address: _____

In case of a homeless child or youth, please include any available contact information for the child.

School student is attending: _____

(Name of school and district)

Address and telephone number of the school:

Special Education Complaint Form
Revised September 2008

School where the alleged violation occurred if different than school currently attending:

Disability of student: _____

3. List persons you have already talked with to resolve this complaint, and their response to your request.

4. Subject(s) the Complaint Involves: (Please give a brief summary of the violation(s) of the special education law that you believe have occurred).

Describe the problem, including facts specific to each alleged violation. Use additional sheets, if needed.

Please number specific areas of concern. Please include dates when available.

(INFORMATION PROVIDED MUST SHOW THAT THE VIOLATION DID NOT OCCUR MORE THAN ONE (1) YEAR PRIOR TO THE DATE OF THE RECEIPT OF THIS COMPLAINT.)

[illegible]

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6. Provide a proposed resolution of the problem to the extent known and available to you.

YOU MAY INCLUDE COPIES OF ANY RECORDS OR OTHER INFORMATION THAT SUPPORT YOUR COMPLAINT.

You are required to sign and date the form. Unsigned complaints cannot be accepted.

Signature (Required)

Date (Required)

YOU ARE REQUIRED TO SEND A COPY OF THIS COMPLAINT FORM TO THE SCHOOL DISTRICT.

I certify that I have sent a copy of this complaint form to the _____

School District on the ____ day of _____, 200_.